Verification of Status - VOS

Former Recipients of Georgia Military Scholarship Loans

NOTICE: If you fail to respond to this inquiry within 30 days, or to keep the Georgia Student Finance Authority (GSFA) informed of any change in name or address, you could lose your eligibility for cancelation privileges by services rendered, and your account would become repayable in cash.

PART A: Identification Inf	ormation				
Last Name:	First Name:	M.	l	Maiden Name:	
Social Security Number:		Telephone Number	r with Are	ea Code: ()
Permanent Mailing Address:					
City:	S	tate: ZIP:			
PART B: Statement of Re	payment Intention				
Check the statement below t	hat indicates your intentic	on to repay your so	holarsh	ip loan account	
☐ I plan to fulfill my obligation by form to your commanding office					
☐ I plan to fulfill my obligation by forward this form to your commaddress below. If you have no	manding officer to have Part	D completed. This for	rm must	then be returned	to GSFA at the
☐ I do not plan to fulfill my obligation check this choice, return this f					ment options. (If you
☐ I am currently in school and n my schooling. (This choice is choice, forward this form to you address below.)	available for the Georgia Milit	tary College State Se	ervice Scl	nolarship Loan or	nly. If you check this
Signature:		Date	:		
PART C: Verification of G	eorgia National Guard I	Membership			
(To be completed by the above-named individual's current Commanding Officer)					
	(Please g	give current date to ir	ndicate co	•	
enlistment has terminated. Any b			,		
Signature:					
Name (Print):			rd Unit: _		
Title or Rank:					
PART D: Verification of Service in the United States Army					
(To be completed by the above	ve-named individual's cur	rent Commanding	Officer)		
I certify that the above-named in					
to (Pleas Any breaks in service must be no		e continuing service	or discha	rge date if enlistn	nent has terminated.
Signature:		Date	:		
Name (Print):			Station:		
Title or Rank:					
PART E: Request for Defe	erment				
(To be completed by the Reg	istrar's Office)				
School Name:					
Enrollment Dates: From:			Graduati	on Date:	
Signature:	T	itle:		Date	:

Please return completed form to: Georgia Student Finance Authority

2082 East Exchange Place, Suite 240

Tucker GA 30084

Contact GSFA: 1-800-505-GSFC (4732) Fax: 770-724-9225